



# CLOSING SIOUXLAND

INCORPORATED

316 Court St.

Sioux City, IA 51101

Phone 712-224-3669 Fax 712-224-3670

Email: info@closingsiouxland.com

Listing Agent/Company

Selling Agent/Company

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Listing Agent: I wish to participate in getting the deed signed  yes  no

Closing Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Commission: \_\_\_\_\_ Earnest Money: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description (if Known): \_\_\_\_\_

Abstract Location: \_\_\_\_\_ Abstractor preference: \_\_\_\_\_

Seller: \_\_\_\_\_ SSN: \_\_\_\_\_ marital status: \_\_\_\_\_

Seller: \_\_\_\_\_ SSN: \_\_\_\_\_ marital status: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Current Address (if different than property address): \_\_\_\_\_

1<sup>st</sup> Mortgage with \_\_\_\_\_ Loan #: \_\_\_\_\_

2<sup>nd</sup> Mortgage with \_\_\_\_\_ Loan #: \_\_\_\_\_

Buyer: \_\_\_\_\_ SSN: \_\_\_\_\_ marital status: \_\_\_\_\_

Buyer: \_\_\_\_\_ SSN: \_\_\_\_\_ marital status: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Taking Title as:  Joint Tenants  Tenants in Common  Single person

Lender/ Loan officer for Buyer: \_\_\_\_\_ Buyer's Attorney: \_\_\_\_\_

Buyer to occupy property: Yes:  If No buyer address: \_\_\_\_\_

Attorney to order Deed, DOV, GHS from: \_\_\_\_\_

Termite inspection needed?  Yes  No Preferred inspector: \_\_\_\_\_

Home Warranty Plan?  Yes  No

If yes, with whom? \_\_\_\_\_ Charge (amount): \_\_\_\_\_ to  Buyer  Seller

Parties that will be out of town at the time of closing:  Buyer  Seller

Please include Purchase Agreement with order.